Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-279

Community Based Outpatient Clinic Reviews at VA Pittsburgh Healthcare System Pittsburgh, PA

August 15, 2013

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
EHR	electronic health record
EOC	environment of care
FPPE	focused professional practice evaluation
FY	fiscal year
HS	Healthcare System
LIP	licensed independent provider
MH	mental health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
OPPE	ongoing professional practice evaluation
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Purpose: We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

We conducted an onsite inspection of the Fayette County and Washington County CBOCs during the week of March 18, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facility. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
4	VA Pittsburgh HS	Fayette County	Uniontown, PA
		Washington County	Washington, PA

Table 1. Sites Inspected

Review Results: We made recommendations in three review areas.

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

- Ensure that patients are notified of normal cervical cancer screening results within the required timeframe and that notification is documented in the EHR.
- Ensure that clinicians screen patients for tetanus vaccinations.
- Ensure that clinicians administer tetanus vaccinations when indicated.
- Ensure that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Fayette County and Washington County CBOCs.

Comments

The VISN and Facility Directors concurred with our recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 11–14, for the Directors' comments.) We will follow up on the planned actions until they are completed.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.[1]
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.[2]

Scope and Methodology

Scope

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the EOC. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

Methodology

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the tetanus and

[1] VHA Handbook 1100.19, *Credentialing and Privileging,* November 14, 2008.
[2] VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics,* May 19, 2004.

pneumococcal reviews, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.[3]

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. Two CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.[4]

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

[3] Includes all CBOCs in operation before October 1, 2011.
[4] Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.

CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facility's oversight.[5] The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality[6]	Uniques FY 2012[7]	Visits FY 2012[8]	CBOC Size[9]
4	VA Pittsburgh HS	Beaver (Monaca, PA)	Urban	4,797	20,993	Mid-Size
		Belmont (St. Clairsville, OH)	Urban	5,092	17,594	Large
		Fayette County (Uniontown, PA)	Urban	2,833	15,051	Mid-Size
		Washington County (Washington, PA)	Urban	4,697	16,927	Mid-Size
		Westmoreland (Greensburg, PA)	Urban	7,135	26,167	Large

Table 2. Profiles

[5] Includes all CBOCs in operation before October 1, 2011.
[6] http://vaww.pssg.med.va.gov
[7] http://vssc.med.va.gov
[8] http://vssc.med.va.gov
[9] Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.[10] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[11] The first step of care is screening women for cervical cancer with the Papanicolaou test or "Pap" test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.[12] We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic. The review element marked as NC needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
X	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.

Table 3. WH

There were 35 patients who received a cervical cancer screening at the VA Pittsburgh HS's CBOCs.

Patient Notification of Cervical Cancer Screening Results. We reviewed the EHRs of 33 patients who had normal cervical cancer screening results and determined that 7 patients were not notified within the required timeframes from the date the pathology report became available.

[10] World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): http://www.who.int/reproductivehealth/topics/cancers/en/index.html.
[11] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[12] VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.

Recommendation

1. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccines.[13] The NCP provides best practices guidance on the administration of vaccines for veterans. The CDC states that although vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against tetanus and pneumococcal diseases.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals who have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review elements marked as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
X	Staff screened patients for the tetanus vaccination.
X	Staff administered the tetanus vaccine when indicated.
	Staff screened patients for the pneumococcal vaccination.
	Staff administered the pneumococcal vaccine when indicated.
	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.

Table 4. Vaccinations

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.[14] We reviewed 75 patients' EHRs and did not find documentation of tetanus vaccination screening in 14 of the EHRs.

Tetanus Vaccination Administration. The CDC recommends that, when indicated, clinicians administer the tetanus vaccination.[15] We reviewed the EHRs of 61 patients who were screened and did not find documentation in 7 of the EHRs that the tetanus vaccination had been administered.

[13] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.
[14] VHA Handbook 1120.05.
[15] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.

Recommendations

2. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

3. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.

Onsite Reviews
Results and Recommendations

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	Fayette County	Washington County
VISN	4	4
Parent Facility	VA Pittsburgh HS	VA Pittsburgh HS
Types of Providers	Licensed Clinical Social Worker Nurse Practitioner Psychologist Podiatrist	Licensed Clinical Social Worker Nurse Practitioner Podiatrist Primary Care Physician Psychologist
Number of MH Uniques, FY 2012	355	468
Number of MH Visits, FY 2012	1,680	1,916
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	Podiatry WH	Podiatry WH
Ancillary Services Provided Onsite	Electrocardiogram Laboratory Radiology	Electrocardiogram Laboratory Radiology
Tele-Health Services	Care Coordination Home Telehealth Dermatology MH MOVE[16] Retinal Imaging	Audiology Care Coordination Home Telehealth Dermatology MH MOVE Retinal Imaging

Table 5. Characteristics

[16] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.[17] Table 6 shows the areas reviewed for this topic. The CBOCs identified as NC needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
Privileges and Scopes of Practice	
Fayette County Washington County	The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were setting, service, and provider specific.

[17] VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	The determination to continue current privileges was based in part on results of OPPE activities.
Table 6. C&P	

Documentation of Re-Privileging Decisions. According to VHA, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented. We found that one of the three Fayette County LIPs and two of the six Washington County LIPs did not have the service chief's documentation in VetPro that reflected the documents utilized to arrive at the decision to grant clinical privileges to the providers.

Recommendations

4. We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Fayette County and Washington County CBOCs.

EOC and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic.

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
	There was evidence of fire drills occurring at least annually.
	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.

NC	Areas Reviewed (continued)
	Privacy was maintained.
	Personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
	Information Technology security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
	The CBOC was included in facility-wide EOC activities.

Table 7. EOC

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[18] Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

[18] VHA Handbook 1006.1.

VISN 4 Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 29, 2013

From: Director, VISN 4 (10N4)

Subject: **CBOC Reviews at VA Pittsburgh HS**

To: Director, 54DC Healthcare Inspections Division (54DC)

Acting Director, Management Review Service (VHA 10AR MRS OIG CAP CBOC)

I have reviewed the information provided by VA Pittsburgh Healthcare System and I am submitting it to your office as requested. I concur with all responses and target dates.

If you have any questions or require additional information, please contact Barbara Forsha, VISN 4 Quality Management Officer at 412-822-3290.

//original signed by Carla Sivek for//
Michael E. Moreland, FACHE

VA Pittsburgh HS Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 29, 2013

From: Director, VA Pittsburgh HS (646/00)

Subject: **CBOC Reviews at VA Pittsburgh HS**

To: Director, VISN 4 (10N4)

1. The findings from the CBOC Clinic Reviews at VA Pittsburgh Healthcare System by the Office of the Inspector General (OIG) conducted the week of March 18, 2013 have been reviewed.

2. Attached are the facility responses addressing each recommendation, including actions that are in progress and those that have been completed.

//original signed by//

Terry Gerigk Wolf, FACHE
Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

1. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

Concur

Target date for completion: April 1, 2013

An existing spreadsheet for tracking cervical cancer screening was revised with sorting capabilities. This was made available on SharePoint for access by all Women's Health Program staff. Laboratory staff corrected a vulnerability with View Alerts to the providers not always being generated when the cervical screening results were entered into the EHR. A random sample review of twenty records in April and May, 2013 demonstrated 100% compliance with normal cervical cancer screening results reported to Veterans within the required timeframe and entered in the EHR.

2. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

Concur

Target date for completion: September 1, 2013

A detailed process for assessing and administering tetanus vaccinations in Primary Care is under revision. The tetanus clinical reminder was revised March 18, 2013 to include documentation of the vaccine manufacturer and lot number. Once the provider makes the assessment that a tetanus vaccination needs to be administered a call will be made to the PACT registered nurse as the order is being written. The vaccine will then be administered by the nurse prior to the Veteran leaving the examination room.

3. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.

Concur

Target date for completion: September 1, 2013

A detailed process for assessing and administering tetanus vaccinations in Primary Care is under revision. The tetanus clinical reminder was revised March 18, 2013 to include documentation of the vaccine manufacturer and lot number. Once the provider

makes the assessment that a tetanus vaccination needs to be administered a call will be made to the PACT registered nurse as the order is being written. The vaccine will then be administered by the nurse prior to the Veteran leaving the examination room.

4. We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Fayette County and Washington County CBOCs.

Concur

Target date for completion: September 30, 2013

A standard listing of VA documents to be considered and the rationale for their use in the reprivileging process is under development. This list will be used, as applicable, for the reprivileging of all VA Pittsburgh providers not just those within primary care. A succinct narrative describing these considerations will be reflected in the commentary section of VetPro for each provider. This will be a mandatory field to be completed by the Service Line Vice President in the reprivileging process.

OIG Contact and Staff Acknowledgments

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